schoofs *[cont. from page 39]*

AIDS activist Stephen Gendin took years to become resistant to most HIV drugs, using them one after another as they came on the market, desperate to save his life. But now his partner, Kyle McDowell, is starting out with Gendin's resistant strain. "This eliminates most treatment," says McDowell.

Such cases re-emphasize the importance of prevention. But they also point to the implacable logic of HIV, which has killed almost 12 million people, infects another person every five seconds, and now is mutating under the pressure of powerful but not curative drugs. "It's not surprising at all" that resistant strains have begun to circulate, says Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases.

Indeed, given the astonishing vigor of this virus, many of the conference's scientific findings were sobering but not surprising. Among the most important are that HIV continues to replicate even when patients are taking potent medication, and that in the very first days after the virus enters the body, it infiltrates certain long-lived cells that then harbor it for many years. So even if a patient has an ordinary strain of HIV that is vulnerable to the drugs—and even if that patient is among the lucky 10 per cent of infected people who live in a First World country, where the expensive drugs are available—still, says Fauci, "it will be very difficult to eradicate this virus" from the body.

Yet the AIDS death rate continues to drop all across the developed world, and "I don't think deaths will go back up," maintains Bernard Hirschel, the doctor who chaired the conference. Like many researchers, Hirschel and Fauci believe it might not be necessary to eradicate every last virus from a patient's body. They point to growing evidence that suggests the immune system can control HIV under the right circumstances, and that an AIDS-ravaged immune system can be regenerated with therapy. As David Ho, director of New York's Aaron Diamond AIDS Research Center, puts it, "Control without eradication is something we might call remission."

Whether the goal is eradication or remission, the lynchpin of therapy is a cocktail of three or more drugs, often involving a protease inhibitor, that patients must take every day to suppress the virus. But McDowell and Gendin are resistant to at least nine of the 11 currently approved drugs—and possibly to all of them.

Gendin has known for more than a year that he carries a multidrug-resistant strain of HIV. He and McDowell never engaged in the riskiest behavior—having Gendin ejaculate into McDowell during anal intercourse—but sometimes Gendin would enter McDowell without a condom, withdrawing before climax. (In a case documented by San Francisco researchers, the source partner also withdrew before ejaculation; HIV is known to be present in preseminal fluid.) In addition, McDowell was often the insertive partner, and he didn't use a condom either. This, too, could have led to his infection.

Several studies presented at the conference suggested that some people are relaxing their safer-sex standards because they believe the new treatments have made AIDS manageable. Prevention workers will undoubtedly have to combat this misconception, but McDowell's story makes it clear that people engage in unprotected sex for reasons that are tangled and personal.

"For 10 years I was so safe," McDowell explains. His riskiest activity was to fellate

THE TREATMENT GAP

The theme of this conference was "Bridging the Gap," a reference to the horrifying gulf between rich and poor nations. Yet the pharmaceutical section garishly displayed advertisements for drugs 90 per cent of the world's people with HIV can't possibly afford. Booths, many as big as New York lofts, featured streaming banners, billboards, video displays, and armies of PR reps. Almost 3000 delegates from the Third World attended the conference, and they had to walk through this area, an experience that was like running an emotional gauntlet. Some compared it to feasting in front of starving masses. "This conference isn't about bridging the gap," fumed one African doctor, who asked not to be named. "They are here to show us how wide the gap is."

Indeed, the biggest treatment news from the Third World is comparable to advances discovered in the West decades ago. Vitamin A supplements halve deaths among HIV-positive Tanzanian children, for example. If HIV patients who test positive for tuberculosis simply take an antibiotic called Cotrim once a day, hospitalization plummets by more than 40 per cent and deaths by almost 50 per cent. These are crucial gains. But when it comes to fighting HIV directly, says Dr. Nathan Bakyaita of Uganda's STD/AIDS Control Programme, "we can't even do CD4 counts." In Uganda, where almost 10 per cent of the adult population is HIV-positive, AIDS is diagnosed by clinical symptoms, not laboratory tests. Bakyaita chuckles bitterly and adds, "We can't even analyze a stool sample because microscopes are not available where they're needed."

So wide is the treatment gap that Consolata Odiembo Auma, a 32-year-old woman from Kenya who has been HIV-positive for eight years, had never even heard of drugs such as protease inhibitors before arriving at the conference. Standing near the pharmaceutical section, she said, "Maybe if I ask them, they'll give me the drugs." —M.S.